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FACSIMILE COVER SHEET

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DATE: September 6, 2002

TO: Examiner Carol M. Koslow
 Group Art Unit 1755

FAX #: 703-872-9311

PHONE #: 703-308-3817

Application No.: 09/841,255
 Applicant: KAMBE et al.
 Due Date: September 28, 2002

OUR REF.: 2950.01US02

FROM: Peter S. Dardi, Ph.D.
 PHONE #: (612) 349-5746

Attached please find the following document for filing in the above-identified patent application:

- 1) RCE Transmittal;
- 2) Petition for Extension of Time for one month; and
- 3) Preliminary Amendment.

Sincerely,

Peter S. Dardi, Ph.D.
 Reg. No. 39,650

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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 703-872-9311 on the date shown below thereby constituting filing of same.

September 6, 2002
 Date

Shari R. Thordik

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Attorney Docket No. 2950.01US02

REQUEST FOR CONTINUED EXAMINATION
(RCE) TRANSMITTAL

Box RCE
 Assistant Commissioner for Patents
 Washington, D.C. 20231

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 09/841,255, filed April 24, 2001 for: ABRASIVE PARTICLES FOR SURFACE POLISHING, by: Nobuyuki Kambe and Xiangxin Bi.

1. Submission required under 37 C.F.R. § 1.114

a. [] Previously submitted

[] Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on _____ in said prior application.

[] Consider the arguments in the Appeal Brief or reply Brief previously filed on _____

[] Other _____

b. [X] Enclosed

[X] A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.

[] Affidavit(s)/Declaration(s)
 [] Information Disclosure Statement (IDS)

09/10/2002 PPNMELL 00000002 1106aa 951 025 Other _____

2. [X] The filing fee is calculated below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	16	- [20]**	= 0	x 9	\$0		x 18	\$
Indep.	2	- [3]***	= 0	x 42	\$0		x 84	\$
RCE fee				+ 370	\$370		+ 740	\$
Mult. Dep.			=	+ 140	\$0		+ 280	\$
				TOTAL	\$370.00	OR	TOTAL	\$

[] First Presentation of Multiple Dependent Claim (MDC)

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

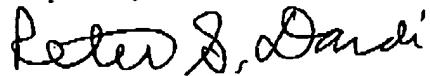
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

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RCE of U.S. Application No. 09/841,255
Filed April 24, 2001

3. [X] The Commissioner is hereby authorized to charge the Deposit Account No. 16-0631 for the total amount of \$425.00 (\$370.00 for the RCE filing fee and \$55.00 for the extension of time fee).

Respectfully submitted,



Peter S. Dardi, Ph.D.
Registration No. 39,650

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

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Shari R. Thorndike

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